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CONFIRMATION NO. 2555

<b>SERIAL NUMBER</b> 10/626,891	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1638	<b>ATTORNEY DOCKET NO.</b> 07678/078003	
<b>APPLICANTS</b> LZ Dongmei Xu, Lexington, KY; Mark T. Nielsen, Lexington, KY;					
<b>** CONTINUING DATA *****</b> LZ This application is a CON of 09/641,466 08/18/2000 PAT 6,664,384 which claims benefit of 60/149,763 08/19/1999					
<b>** FOREIGN APPLICATIONS *****</b> LZ None					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/14/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>LZ</u> Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 21559					
<b>TITLE</b> Duplicated cassava vein mosaic virus enhancers and uses thereof					
<b>FILING FEE RECEIVED</b> 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		